

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

ESTABLISHED APRIL 15, 1870

BERTRAM P. BROWN, M.D., Director

Aug 21 1946
UNIVERSITY OF CALIFORNIA

Weekly Bulletin



STATE BOARD OF PUBLIC HEALTH

DR. A. ELMER BELT, Los Angeles, President

DR. V. A. ROSSITER, Santa Ana

DR. CHARLES E. SMITH, San Francisco

DR. NORMAN F. SPRAGUE, Los Angeles

DR. AMOS CHRISTIE, San Francisco

DR. F. M. POTTER, SR., Los Angeles

DR. FRANK B. YOUNG, Long Beach

DR. BERTRAM P. BROWN, Sacramento

Executive Officer

SAN FRANCISCO

State Office Building, McAllister and Larkin Streets UNDERHILL 8700

SACRAMENTO

State Office Building, 10th and L Streets Capital 2800

LOS ANGELES

State Office Building, 217 West First Street MADISON 1271

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912. Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. XIX, No. 28

August 3, 1940

GUY P. JONES
EDITOR

Comfort During Hot Weather



The United States Public Health Service has issued recommendations for increasing hot weather comfort and efficiency by following simple procedures regarding food, drink, clothing, exercise, sleep and exposure to sun. The service emphasizes the importance of living sensibly, forming regular habits of living, getting plenty of rest and trying to acquire a cheerful and philosophical outlook on life.

1. Food. The temperature of the body is adjusted not so much by increasing or diminishing the amount of heat produced, as by regulating the heat lost. It is, therefore, desirable during hot weather to increase the intake of fluids, which will promote sweating, a mechanism by which the skin is cooled. Fresh fruits and vegetables are excellent sources of fluid and also contain food elements that are needed by the body during the hot weather. Fried foods and rich pastries should be curtailed, as foods of these types tend to increase heat production.

2. Drink. Adequate amounts of water, preferably 6 to 8 glasses a day are necessary, in order to induce sweating. Fruit juices are excellent hot-weather drinks because they are palatable and effective in quenching thirst. When sweating is produced, a large amount of sodium chloride is lost. When the loss of fluid and of chlorides in the blood is excessive, heat cramps and heat exhaustion may occur. It is believed that such condition may be prevented by drinking an

occasional glass of water to which a small amount of ordinary table salt has been added. Three or four grains of salt to a pint of water should be sufficient.

3. Clothing. White clothes reflect the rays of the sun and are cooler in hot weather. The weight, texture and color of clothes has a great influence on loss of heat through the evaporation of moisture from the skin. Clothes should be loose and of such character as to permit easy passage of air. Cotton or linen aid most in avoiding the burning effect of the hot sun.

4. Exercise. All forms of active physical exercise immediately before or after meals should be avoided. Swimming is one of the best sports for hot weather, since it does not cause over-heating of the body. Exercise should be adapted to the individual's strength and condition of health. Strenuous exercise should not be taken during the hottest part of the day.

5. Sleep. A comfortable night's rest during the heat of summer will make the next day's heat seem less oppressive. The observance of regular hours of sleep during hot weather is particularly beneficial.

6. Bathing. Frequent bathing helps to keep the body cool and refreshed. The shower bath is recommended as it does not have the sedative effects of a protracted tub bath.

7. Exposure to sun. It is best to begin with brief exposures each day until the skin becomes slightly tan, after which the body may be exposed to the rays of the sun for a longer period. Persons with sensitive

skins should be specially careful, as over-exposure to direct sun rays may cause severe burns.

HEAVY DEMAND FOR BIRTH CERTIFICATES

The national program for defense has given rise to a tremendous demand for birth certificates, particularly for individuals who were born twenty or more years ago. Many of the major industries require birth certificates or other definite proofs of citizenship from all employees, and in some industries similar proofs are required even from visitors to industrial plants. In aircraft manufacturing plants, it is essential that employees be able to prove citizenship, as well as in munition factories and other industries and communication services that are allied closely to the defense program.

In California, the demand for certified copies of birth certificates has increased ten-fold within the past few weeks. The State Bureau of Vital Statistics is literally swamped with these demands. The condition is not peculiar to California, however, as almost all states of the Union report similar increases.

During recent years, the demand for proofs of birth in pension matters has resulted in a very large increase in the business of bureaus of vital statistics. Unfortunately, relatively few individuals, who are entitled to pensions, are able to produce their birth certificates, for the reason that registration of births was extremely faulty at the times when their births occurred.

In the present emergency every effort is being made to provide applicants with certified copies of their birth records. The demand is so heavy, however, that it is extremely difficult to provide adequate service. New employees have been added to the staff, but lack of experience in searching is a handicap of no small proportion. The delays that are encountered are quite unavoidable, but every effort is being made to provide individual applicants with copies of their birth certificates with as little delay as possible.

SMALLPOX SMOLTERS

An outbreak of smallpox has been smoldering in a northern California community for several months, 57 cases having been reported to July 1. Of these, 18 were in adults, many of whom were over 40 years of age. Not all cases have been reported, as in spite of the definite diagnosis, its prevalence in adults and in only the unvaccinated, many individuals refuse to believe that the disease is smallpox. Vaccination has been carried on constantly by school and public health authorities, as well as private physicians.

HOW TO SAVE A LIFE FROM DROWNING

At this season of the year, many lives are needlessly sacrificed when drowning persons succumb because of the absence of individuals who are able to apply the Schafer Prone Pressure Method of resuscitation. This method is useful not only in reviving individuals who have apparently drowned, but also in restoring individuals who may suffer from asphyxiation due to gases and electrical shock. Very often persons who have been immersed in water for 15 to 30 minutes have died because no individual was present who knew how to use this simple method of artificial respiration. Because of its value in the saving of human lives, a short outline of its principles and application is presented herewith.

No elaborate equipment is needed to save a life from drowning. All that is necessary is to know the "Prone Pressure Method" here described, and act immediately. This method is simple to learn, easy to apply and will not unduly tax the strength of the rescuer if he happens to be alone.

On removal from the water, patient should be placed stomach down on a flat surface, quickly opening the mouth to remove any foreign substance which might obstruct breathing—but not wasting any time in such preliminaries as every moment is precious. One arm of patient should be bent at the elbow letting the head rest on this with face sidewise so that water may be dispelled from the lungs; the other arm should be stretched full length above.

Rescue measures should begin at once and continue rhythmically until natural breathing is established—this may take four or more hours. The procedure is as follows:

First. Kneel, and straddle the patient below the hips placing hands on small of the back with fingers over the lowest ribs, tips of fingers just out of sight.

Second. With arms straight, while counting one, two, swing forward bearing weight on body firmly but not violently.

Third. Swing backwards while counting one, straightening up and thus relieving pressure—this allows air to be drawn into the lungs.

Fourth. Rest in this position for two counts.

Fifth. Repeat these movements rhythmically, forward and backwards, without interruption, about twelve to fifteen times a minute, until natural breathing is restored.

Sixth. Meanwhile, if assistance is at hand, a physician should be sent for, patient's tight clothes should be loosened at neck, chest or waist, and patient should be kept warm.

Patient should not be moved from this spot until he is breathing normally and then should be carried

in a lying position to a place where he can be kept warm and receive expert medical attention.

VACCINATION CONTROLS SMALLPOX

At the recent meeting of the Conference of State and Territorial Health Officers held in Washington, D. C., Dr. Thomas Parran, Surgeon General of the United States Public Health Service, called attention to the high proportion of people who fail to be vaccinated against smallpox. Early in the year, reports came to the Public Health Service which suggested that smallpox might assume epidemic proportions. Fortunately, the immediate danger passed, but the Surgeon General said that this experience may be a warning of hazards that lie ahead, unless preventive measures are instituted.

In California, smallpox during recent years has been controlled, generally, in local communities. The recent experience of a northern California community, however, indicates that vigilance in the vaccination of the general population against this disease is a matter of necessity. In this community, during the first few months of the year, 57 cases of smallpox were reported, of which 18 were in adults, most of whom were over 40 years of age. It is known that not all cases have been reported in spite of the clear and definite diagnosis of the disease, its prevalence in adults and exclusively in individuals who were unvaccinated. In spite of the fact that vaccination has been conducted without interruption by school and public health authorities, as well as private physicians, there are still many individuals in the community who refuse to believe that the disease is smallpox—an opinionated viewpoint that is quite unusual at the present time.

All health officers may well conduct routine activities in the provision of vaccination against smallpox, so as to maintain a wise policy of insurance against a preventable disease that may prove disastrous to the health and welfare of the community.

TYPHOID FEVER IMMUNIZATION

Following the earthquake in Imperial County May 18, assistance was given the county health officer in conducting an immunization program against typhoid. Clinics were held in school buildings, the city park, halls, and other places where people could be assembled. A total of 14,817 injections of typhoid vaccine was given, and the county health department is continuing to give injections where 2 and 3 doses are indicated. This program was necessary because of the damage to water supplies and fear that typhoid might follow.

CANADA PREPARES PUBLIC HEALTH DEFENSE

Canada has mobilized and correlated the health services of the entire Dominion. An emergency war-time session of the Dominion Council of Health composed of the deputy ministers of health of all nine provinces with their chief medical officers of health, together with representatives of the medical profession, women's organizations and labor, was held recently in Ottawa.

In view of the preparations for defense now being undertaken by the United States Government, attention is called to the subjects that formed the principal topics for discussion at the Canadian meeting. They were: war-time measures for venereal disease control, psychiatric services to the soldier, hospitalization of soldiers, after-care of chronic illness, including tuberculosis discovered among soldiers after enlistment, health hazards associated with production of munitions, laboratory assistance in war time, nutrition of soldiers and civilians, education of the public concerning proper nutrition, control and supervision of food supplies, responsibility of health departments for military camps, sanitary services, cooperation of local tuberculosis services in X-raying recruits, child care during the war, disposal of information obtained by public health personnel showing subservient activities on the part of individuals or groups, uniform systems of keeping medical records, and many other subjects.

The New Jersey State Board of Health has enacted an amendment to the State Sanitary Code relating to the importation of birds of the psittacine family. This regulation, which became effective July 15, 1940, reads as follows:

"Regulation 49. Birds of psittacine family.

No person, firm nor corporation shall import into the State of New Jersey, any bird of the psittacine family, provided, however, that the importation of such birds for scientific research or for exhibition in public zoological gardens may be permitted, subject to the approval of the Director of Health of New Jersey.

No person, firm nor corporation shall sell, offer for sale or give away, for exportation from New Jersey, any bird of the psittacine family which is sick or which has been in this State for a period of less than one month, or which has been exposed to a bird sick or affected with psittacosis."

With stupidity and sound digestion men may fret much; but what in these dull unimaginative days are the terrors of conscience to the diseases of the liver.—Carlyle.

MORBIDITY**Complete Reports for Following Diseases for Week Ending July 27, 1940****Chickenpox**

92 cases: Berkeley 4, Oakland 4, El Dorado County 1, Fresno County 1, Firebaugh 2, Los Angeles County 14, Compton 1, Long Beach 1, Los Angeles 18, Manhattan 1, Pasadena 1, Pomona 1, Gardena 1, Monterey County 1, Calistoga 1, Orange 4, Laguna Beach 2, Riverside 1, San Bernardino 1, San Diego County 1, San Diego 5, San Francisco 10, Stockton 2, San Mateo County 3, Menlo Park 1, Santa Barbara County 1, Santa Barbara 3, Santa Maria 1, Santa Clara County 3, San Jose 1, Sutter County 1.

Diphtheria

19 cases: El Centro 2, Los Angeles County 1, Glendale 1, Los Angeles 5, Santa Ana 1, Sacramento 2, San Bernardino County 1, San Bernardino 1, San Diego 1, Sutter County 1, Santa Paula 1, Yuba County 2.

German Measles

14 cases: Berkeley 2, Oakland 1, Los Angeles County 1, Pasadena 4, Maywood 1, Orange County 1, Santa Ana 1, San Bernardino 1, San Francisco 2.

Influenza

11 cases: Berkeley 1, Los Angeles County 1, Los Angeles 5, Riverside County 1, San Diego County 2, San Jose 1.

Malaria

7 cases: Kings County 2, Isleton 1, Winters 3, Yuba County 1.

Measles

88 cases: Oakland 2, Fresno County 2, Fresno 2, Kern County 1, Bakersfield 1, Corcoran 1, Los Angeles County 1, Glendale 1, Long Beach 5, Los Angeles 14, Pasadena 1, South Gate 3, Napa County 1, Orange County 4, Sacramento County 1, Sacramento 1, San Bernardino County 3, Ontario 1, Redlands 1, San Diego County 2, Escondido 1, La Mesa 1, San Diego 10, San Francisco 2, San Joaquin County 1, San Luis Obispo County 5, San Luis Obispo 3, Santa Barbara County 4, Santa Barbara 9, Santa Clara County 1, Santa Rosa 1, Tulare County 1, Exeter 1.

Mumps

114 cases: Berkeley 4, Hayward 1, Oakland 1, San Leandro 1, Fresno 1, Kern County 1, Kings County 7, Los Angeles County 16, Alhambra 1, Azusa 1, Glendale 1, Long Beach 10, Los Angeles 12, Whittier 4, Monterey Park 3, Orange County 2, Anaheim 1, Fullerton 2, Santa Ana 1, Riverside County 1, Sacramento 1, San Bernardino County 1, San Bernardino 1, San Diego County 1, San Diego 1, San Francisco 8, San Joaquin County 1, Manteca 1, Stockton 2, San Luis Obispo County 3, Paso Robles 1, San Mateo County 1, Burlingame 1, Redwood City 1, Santa Maria 3, Santa Clara County 2, Palo Alto 10, Santa Cruz County 1, Sonoma County 1, Yuba County 1, Marysville 1.

Pneumonia (Lobar)

30 cases: Humboldt County 1, Brawley 1, El Centro 1, Los Angeles County 4, Azusa 1, Glendale 2, Huntington Park 1, Los Angeles 11, Whittier 1, Monterey County 1, Anaheim 1, Riverside County 1, Sacramento 1, San Francisco 1, Arroyo Grande 1, Santa Paula 1.

Scarlet Fever

47 cases: Alameda County 1, Kern County 3, Kings County 1, Los Angeles County 4, Glendale 2, Long Beach 3, Los Angeles 9, South Pasadena 1, Maywood 1, Marin County 1, Riverside 1, Redlands 1, San Bernardino 2, San Diego 3, San Francisco 2, Stockton 1, San Luis Obispo County 1, Santa Barbara 1, Santa Clara County 1, Sutter County 3, Tulare County 2, Ventura County 1, Ventura 1, Winters 1.

Smallpox

One case: Chico.

Typhoid Fever

7 cases: Los Angeles County 1, Alhambra 1, Claremont 1, Hemet 1, San Joaquin County 1, Sonoma County 1, California 1.*

Whooping Cough

313 cases: Alameda County 1, Berkeley 5, Hayward 1, Oakland 19, Martinez 2, Pittsburg 1, Fresno County 6, Kern County 3, Bakersfield 8, Kings County 1, Lake County 1, Los Angeles County 29, Alhambra 4, Burbank 1, Compton 5, Glendale 2, Huntington Park 5, Inglewood 1, Los Angeles 64, Monrovia 2, Pasadena 19, San Fernando 1, San Gabriel 2, San Marino 1, Torrance 1, South Gate 2, Monterey Park 2, Bell 3, Sausalito 1, Monterey County 5, Monterey 3, Soledad 2,

* Cases charged to "California" represent patients ill before entering the state or those who contracted their illness traveling about the state throughout the incubation period of the disease. These cases are not chargeable to any one locality.

Orange County 1, Anaheim 3, Santa Ana 3, Roseville 1, Riverside County 7, Riverside 1, Sacramento 10, Ontario 1, Redlands 1, San Diego County 3, Escondido 1, National City 2, San Diego 3, San Francisco 34, San Luis Obispo 1, San Mateo 2, Menlo Park 3, Santa Barbara County 3, Santa Clara County 2, Gilroy 1, Palo Alto 1, San Jose 2, Santa Cruz 4, Watsonville 5, Sonoma County 9, Ventura County 2, Oxnard 1, Ojai 2, Marysville 1.

Meningitis (Epidemic)

4 cases: Plumas County 1, Tulare County 2, Visalia 1.

Dysentery (Amoebic)

6 cases: Los Angeles County 1, Riverside County 1, Sutter County 3, Yuba County 1.

Dysentery (Bacillary)

9 cases: Los Angeles County 2, San Fernando 1, San Francisco 1, Santa Clara County 1, Sonoma County 4.

Leprosy

One case: Oakland.

Ophthalmia Neonatorum

One case: South San Francisco.

Pellagra

One case: Kern County.

Poliomyelitis

18 cases: Gridley 1, Kern County 10, Los Angeles 2, Maywood 1, Orange County 1, Lodi 1, Stockton 1, Santa Paula 1.

Tetanus

2 cases: Alhambra 1, Santa Cruz 1.

Trachoma

9 cases: Fresno County 6, Fresno 3.

Encephalitis (Epidemic)

14 cases: Fresno County 4, Fresno 1, Kings County 1, Sacramento County 1, Sacramento 2, San Joaquin County 1, Stockton 1, Tulare County 3.

Paratyphoid Fever

One case: Los Angeles.

Typhus Fever

One case: Chula Vista.

Botulism

One case: Los Angeles.

Food Poisoning

7 cases: Oakland 1, Los Angeles County 2, South Gate 1, Monterey County 2, San Diego 1.

Undulant Fever

6 cases: Chico 1, El Centro 1, Kern County 2, Azusa 1, Santa Ana 1.

Coccidioidal Granuloma

One case: Kern County.

Septic Sore Throat

2 cases: Daly City 1, Santa Barbara 1.

Relapsing Fever

3 cases: San Bernardino County 1, Sierra County 2.

Epilepsy

28 cases: Oakland 1, Los Angeles County 2, Alhambra 1, Long Beach 1, Los Angeles 11, Pacific Grove 1, Napa County 1, Fullerton 1, San Francisco 5, San Joaquin County 1, Sonoma County 2, Tulare County 1.

Rabies (Animal)

10 cases: El Monte 1, Inglewood 1, Los Angeles 2, Hawthorne 1, South Gate 1, Riverside 1, Tulare County 3.